ARIZONA DEPARTMENT OF HEALTH SERVICES --OFFICE OF VITAL RECORDS

AFFIDAVIT TO CORRECT OR AMEND A BIRTH CERTIFICATE

To add a name: If your child is 3 months of age or less, this affidavit is all you will need to complete. If your child is over 3 months and less than 6 years of age, please submit this affidavit plus a document showing you have been using the name within 6 months of the child's birth (examples: baptismal or medical record). The document must show the child's complete name, date of birth, and the date the document was created.

To amend a name: If your child is 3 months of age or less, this affidavit is all you will need to complete. If your child is over 3 months and less than 1 year of age, submit this affidavit plus a document showing you have been using the name within 6 months of the child's birth (examples: baptismal or medical record). The document must show the child's complete name, date of birth, and the date the document was created.

To correct parents' information: A certified copy of the parents' birth certificate is required with this affidavit.

Please use black ink only and separate the first, middle and last names by using commas.

ANY ALTERATIONS SHALL INVALIDATE THIS AFFIDAVIT

DATA	AS IT READS NOW	CORRECTION DESIRED
Child's Name (first, middle, last)		
Father's Name (first, middle, last)		
Mother's Maiden Name (first, middle, last)		
Child's Date of Birth		
Other changes		

The undersigned, declare upon oath that to the best of my knowledge and belief such changes and additions as shown on this affidavit are necessary to make this vital record correct.

<u>Notary Public:</u>

Father's Signature _____

      Sworn and subscribed before me this_____day of _____, 20___

      _____

      Notary Signature and Expiration Date   Notary Stamp/Seal:

Mother's Signature _____

      Sworn and subscribed before me this_____day of _____, 20___

      _____

      Notary Signature and Expiration Date   Notary Stamp/Seal:

Registrant's Signature (must be 18 years of age or older)_____

      Sworn and subscribed before me this_____day of _____, 20___

_____

Notary Signature and Expiration Date   Notary Stamp/Seal: